Human health and social work activities statistics in Great Britain, 2025

Data up to March 2025
Annual statistics
Published 20 November 2025

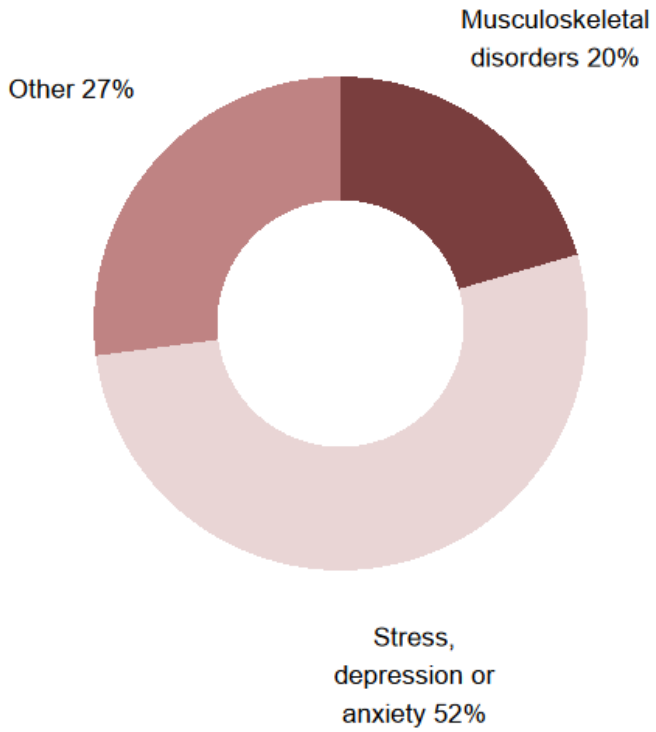
Table of Contents

Key statistics

Ill health

255,000 workers suffering from work-related ill health (new or long-standing) averaged over the three-year period 2022/23-2024/25.

Percentage of self-reported work-related ill health by type in Human health and social work activities: new and long-standing



Source: LFS, average estimate over 2022/23-2024/25

In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related ill health showed a downward trend. The rate for the latest period was higher than the 2016/17-2018/19 period.

Fatal injuries

There were 4 fatal injuries to workers in 2024/25p. This is in comparison with the annual average of 1 fatality over the five-year period 2020/21-2024/25p.

There were 29 fatal injuries to members of the public[1] in 2024/25p. This is in comparison with the annual average of 20 fatalities over the five-year period 2020/21-2024/25p.

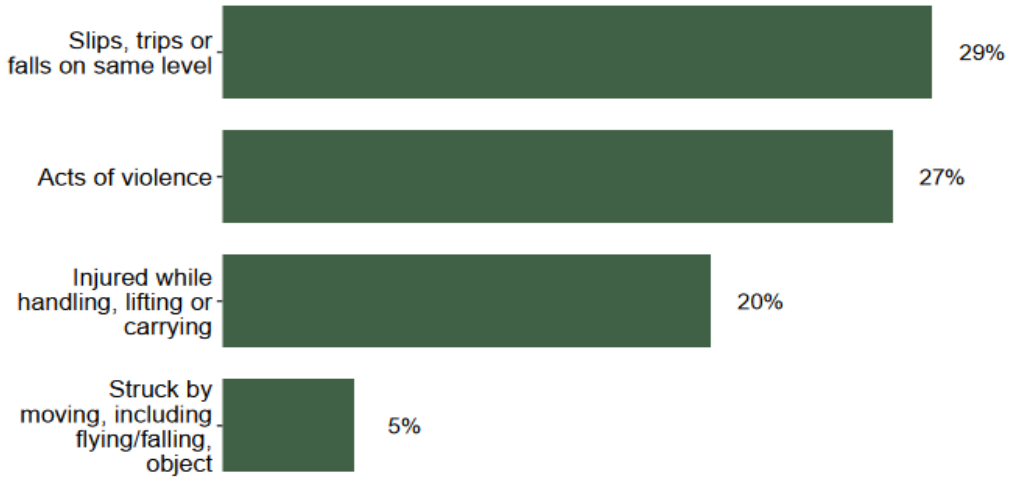
Source: RIDDOR, 2024/25p

Non-fatal injuries

84,000 workers sustained non-fatal injuries averaged over the three-year period 2022/23-2024/25. Prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers showed a downward trend. The rate for the latest period, which includes years affected by the coronavirus pandemic, was not statistically significantly different from the 2016/17 - 2018/19 period.

Source: LFS, average estimate over 2022/23-2024/25

Percentage of non-fatal injuries by accident kind in Human health and social work activities



RIDDOR is used here as the LFS is not able to provide a breakdown to this level of detail.
Accident kinds are shown that account for 5% or more of non-fatal injuries.
Source: RIDDOR, average over 2022/23-2024/25p

[1] Excludes deaths to 'patients and service users' in England in health and social care premises registered with the Care Quality Commission (CQC)

Introduction

This report provides a profile of workplace health and safety in Human health and social work activities[2]

Section Q of the 2007 Standard Industrial Classification (SIC) divides Human health and social work activities into three broad industry groups:

- Human health activities (SIC 86) - covering hospital activities, medical and dental practices and other health activities such as speech therapy, chiropody, homeopathy;
- Residential care activities (SIC 87) – this covers the provision of residential care combined with nursing, supervisory or other care as required by the residents; and
- Social care activities without accommodation (SIC 88) – covering the provision of social assistance services directly to clients.

This sector accounts for 14% of the workforce in Great Britain[3]

[2] The Human health and social work activities sector is defined by section Q within the 2007 Standard Industrial Classification. See www.hse.gov.uk/statistics/industry/sic2007.htm for more detail.

[3] Annual Population Survey, 2024

Work-related ill health

All illness

In Human health and social work activities:

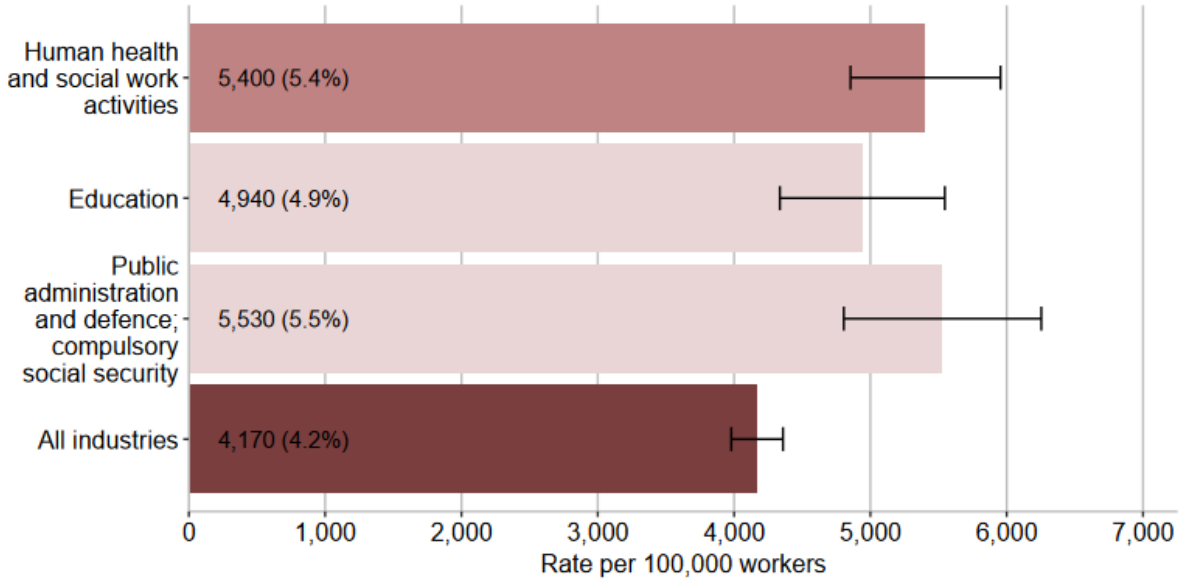
- There were an estimated 255,000 workers suffering from work-related ill health (new or long-standing)
- 52% were stress, depression or anxiety.

Source: LFS, average estimate over 2022/23-2024/25

Human health and social work activities compared with other selected industries[4]

- Around 5.4% of workers in the sector suffered from work-related ill health (new or long-standing)
- This rate is statistically significantly higher than that for workers across all industries (4.2%)

Rate of self-reported work-related ill health in Human health and social work activities compared with other selected industries, per 100,000 workers: new and long-standing



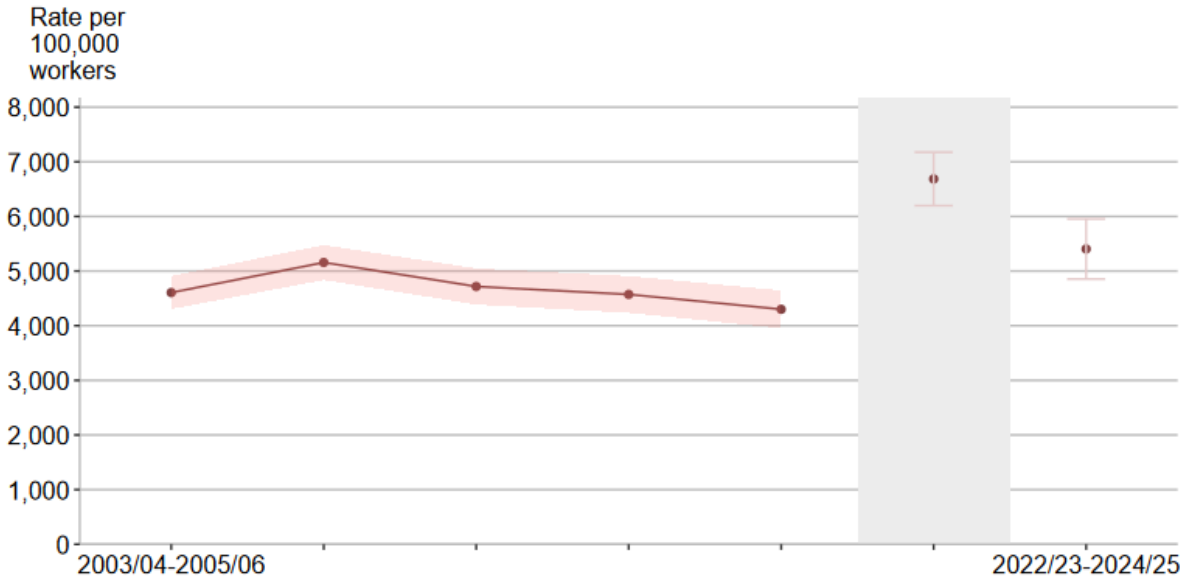
95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

[4] Selected industries are those that are predominantly based in the public sector and are made up of similar work activities

Changes over time

Rate of self-reported work-related ill health in Human health and social work activities, per 100,000 workers: new and long-standing



In the recent years prior to the coronavirus pandemic, the rate of self-reported work-related ill health showed a downward trend. The rate for the latest period was higher than the 2016/17-2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, average estimate from 2003/04-2005/06 to 2022/23-2024/25

Musculoskeletal disorders

In Human health and social work activities:

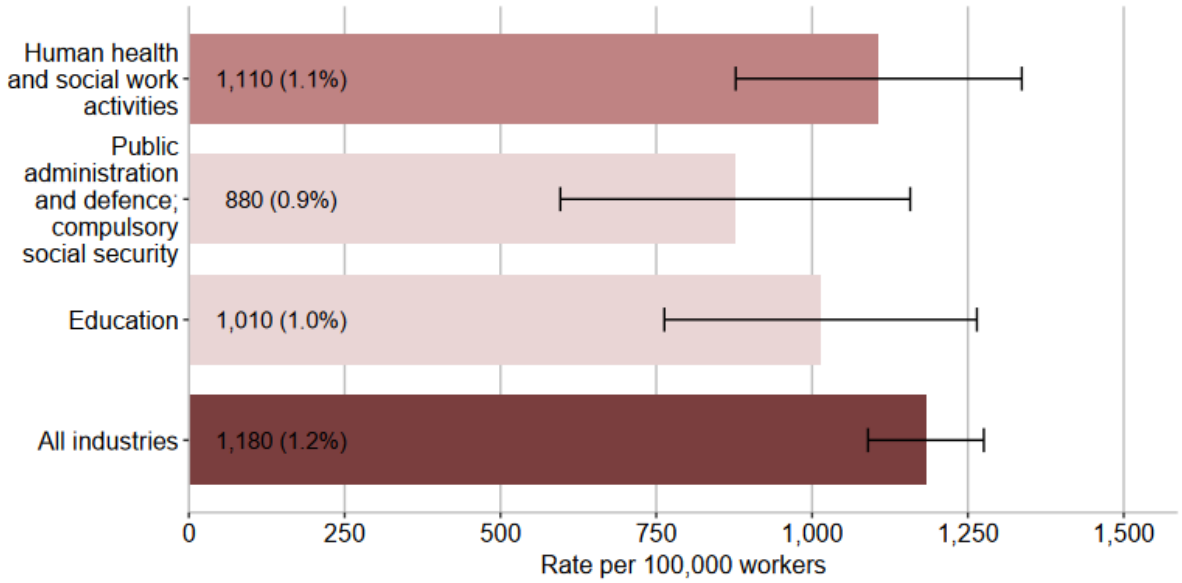
- There were an estimated 52,000 workers suffering from a work-related musculoskeletal disorder (new or long-standing), 20% of all ill health in this sector.

Source: LFS, average estimate over 2022/23-2024/25

Human health and social work activities compared with other selected industries

- Around 1.1% of workers in the sector suffered from work-related musculoskeletal disorders (new or long-standing)
- This rate is not statistically different than that for workers across all industries (1.2%)

Rate of self-reported work-related musculoskeletal disorders in Human health and social work activities compared with other selected industries, per 100,000 workers: new and long-standing

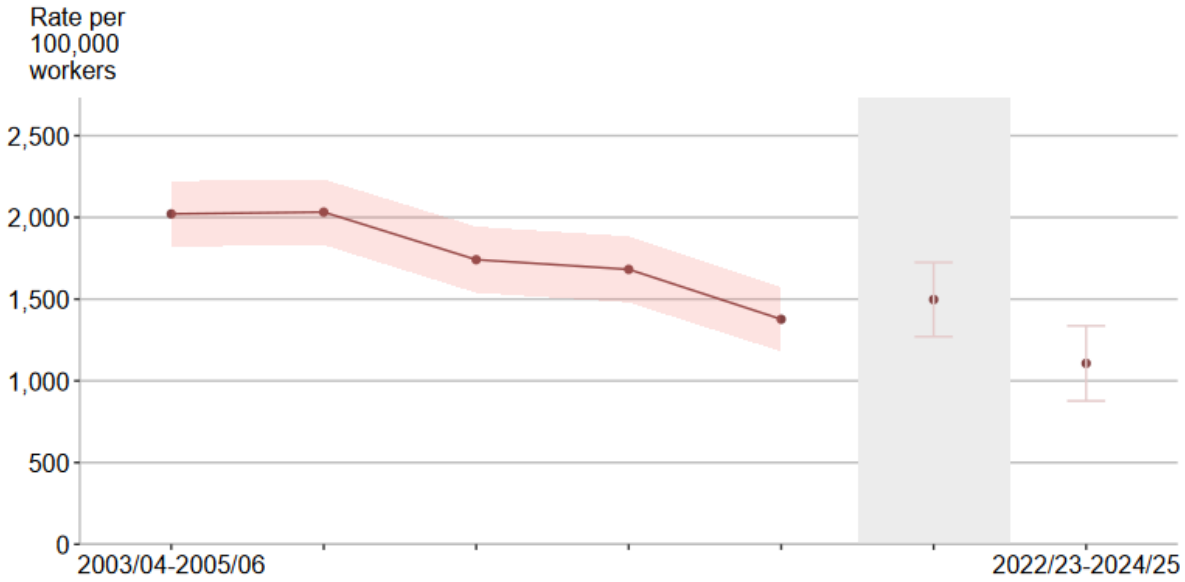


95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Changes over time

Rate of self-reported work-related musculoskeletal disorders in Human health and social work activities, per 100,000 workers: new and long-standing



Prior to the coronavirus pandemic, the rate of musculoskeletal disorders showed a downward trend. The rate for the latest period was not statistically significantly different from the 2016/17 - 2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, average estimate from 2003/04-2005/06 to 2022/23-2024/25

Stress, depression or anxiety

In Human health and social work activities:

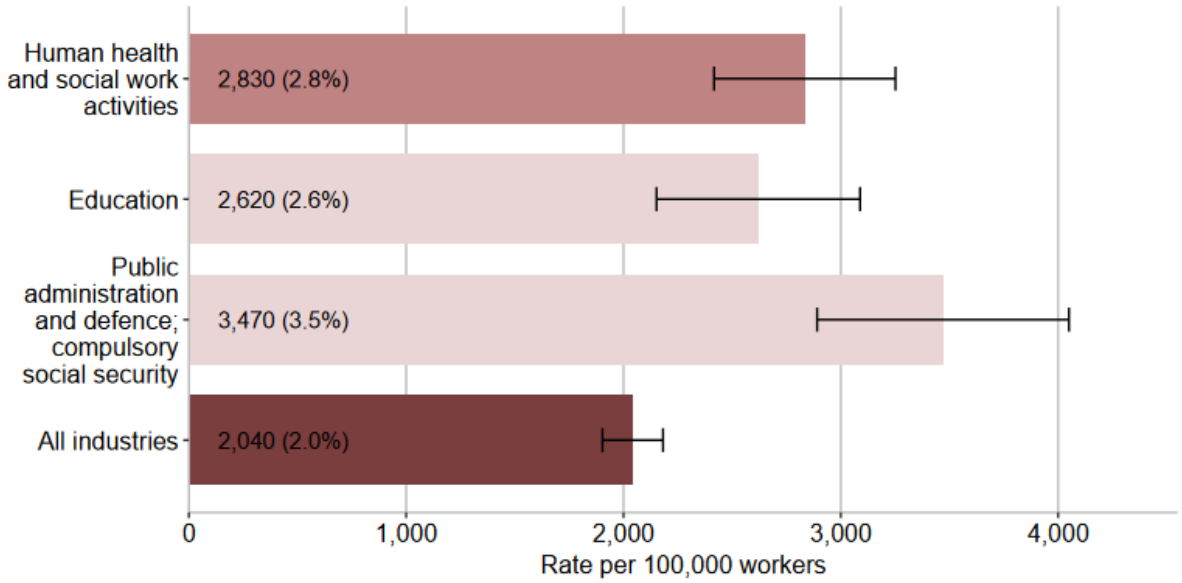
- There were an estimated 134,000 workers suffering from work-related stress, depression or anxiety (new or long-standing), 52% of all ill health in this sector.

Source: LFS, average estimate over 2022/23-2024/25

Human health and social work activities compared with other selected industries

- Around 2.8% of workers in the sector suffered from work-related stress, depression or anxiety (new or long-standing)
- This rate is statistically significantly higher than that for workers across all industries (2.0%)

Rate of self-reported work-related stress, depression or anxiety in Human health and social work activities compared with other selected industries, per 100,000 workers: new and long-standing

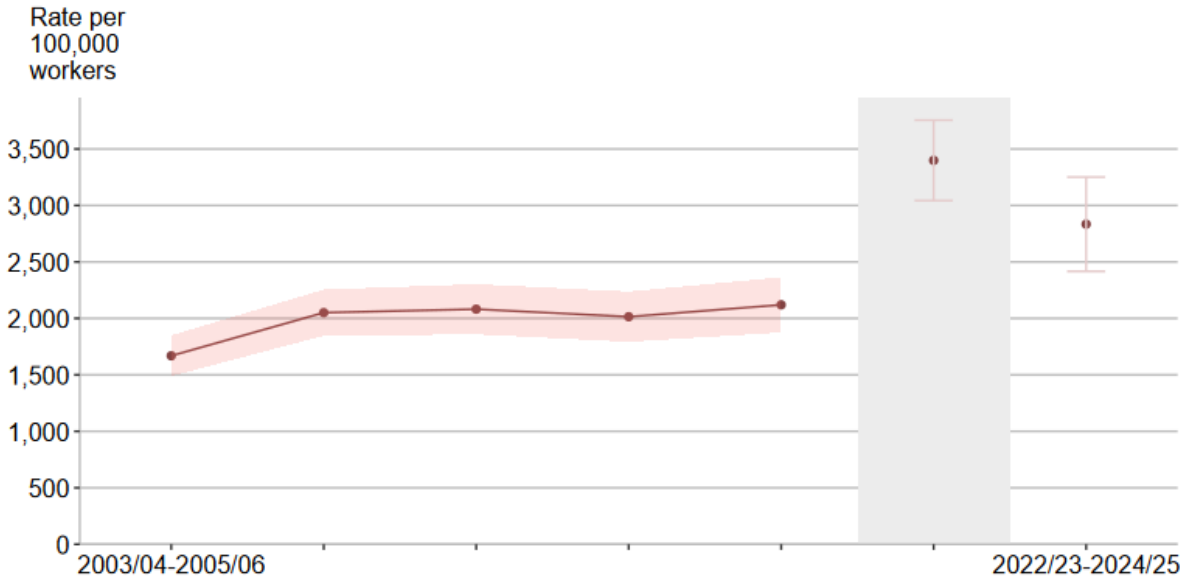


95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Changes over time

Rate of self-reported work-related stress, depression or anxiety in Human health and social work activities, per 100,000 workers: new and long-standing



In the recent years prior to the coronavirus pandemic, the rate of work-related stress, depression or anxiety had been broadly flat. The rate for the latest period was higher than the 2016/17-2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, average estimate from 2003/04-2005/06 to 2022/23-2024/25

Contact dermatitis

- The rate per 100,000 workers for human health and social work is 2.2 times that for all industries (2.0 compared to 0.9 per 100,000 workers)
- Occupational groups containing Nurses have around 8 times the all occupations rate of contact dermatitis (7.4 per 100,000 workers compared to 0.93). For medical practitioners it is 3.2 times the rate at 3.0 per 100,000 workers

Source: THOR-EPIDERM, 2022-2024p

Workplace injuries

Fatal injuries

In Human health and social work activities:

- There were 4 fatal injuries to workers in 2024/25p.
- This is in comparison with the annual average number of 1 fatality for 2020/21-2024/25p.
- There were 29 fatal injuries to members of the public in 2024/25p.
- This is in comparison with the annual average of 20 fatalities over the five-year period 2020/21-2024/25p.

Source: RIDDOR, 2024/25p

Non-fatal injuries

The Labour Force Survey is HSE's preferred data source for non-fatal injuries. In Human health and social work activities:

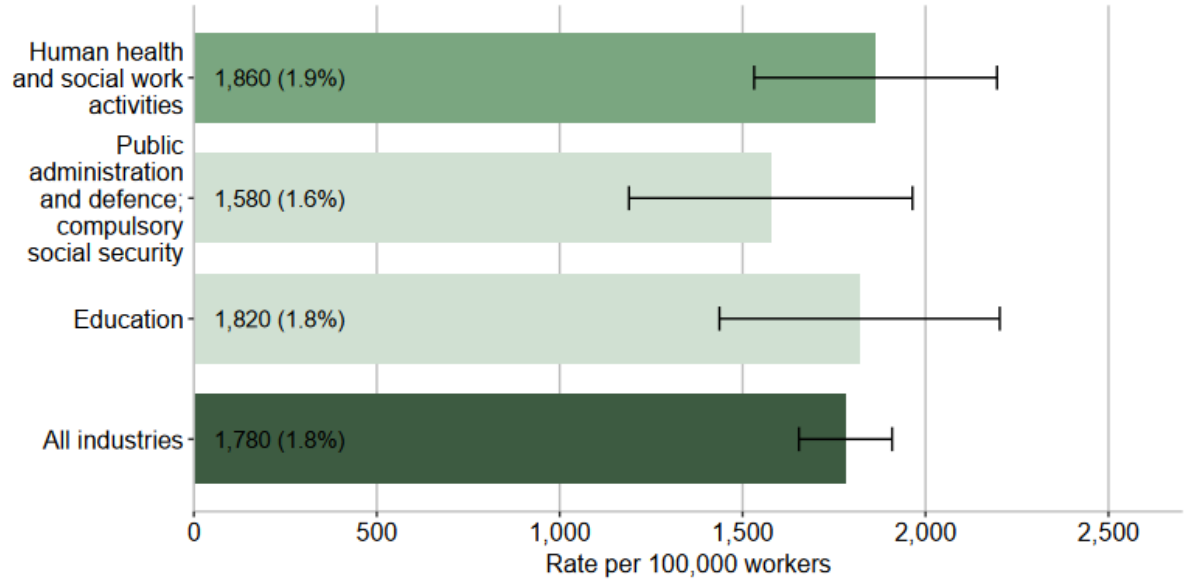
- There were an estimated 84,000 workers who reported sustaining a workplace non-fatal injury.
- 18% of these workplace non-fatal injuries resulted in absence from work of over 7 days.

Source: LFS, average estimate over 2022/23-2024/25

Human health and social work activities compared with other selected industries

- Around 1.9% of workers in the sector sustained a workplace non-fatal injury.
- This rate is not statistically different than that for workers across all industries (1.8%)

Rate of self-reported workplace non-fatal injuries in Human health and social work activities compared with other selected industries, per 100,000 workers

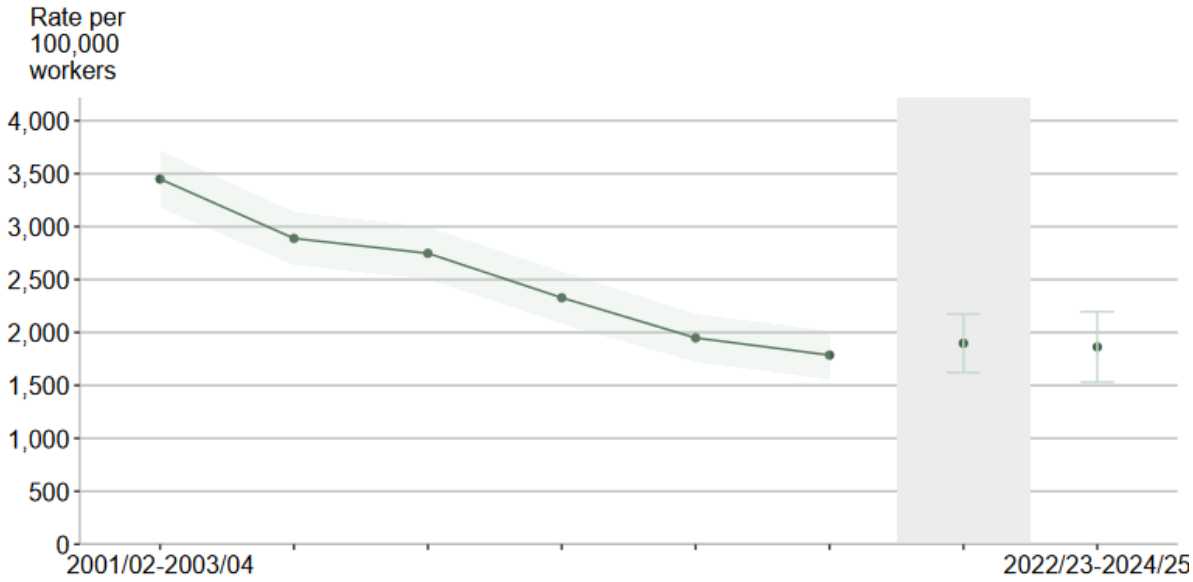


95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Changes over time

Rate of self-reported workplace non-fatal injuries in Human health and social work activities, per 100,000 workers



Prior to the coronavirus pandemic, the rate of self-reported non-fatal injury to workers showed a downward trend. The rate for the latest period, which includes years affected by the coronavirus pandemic, was not statistically significantly different from the 2016/17 - 2018/19 period.

The data for 2019/20-2021/22 includes years affected by the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

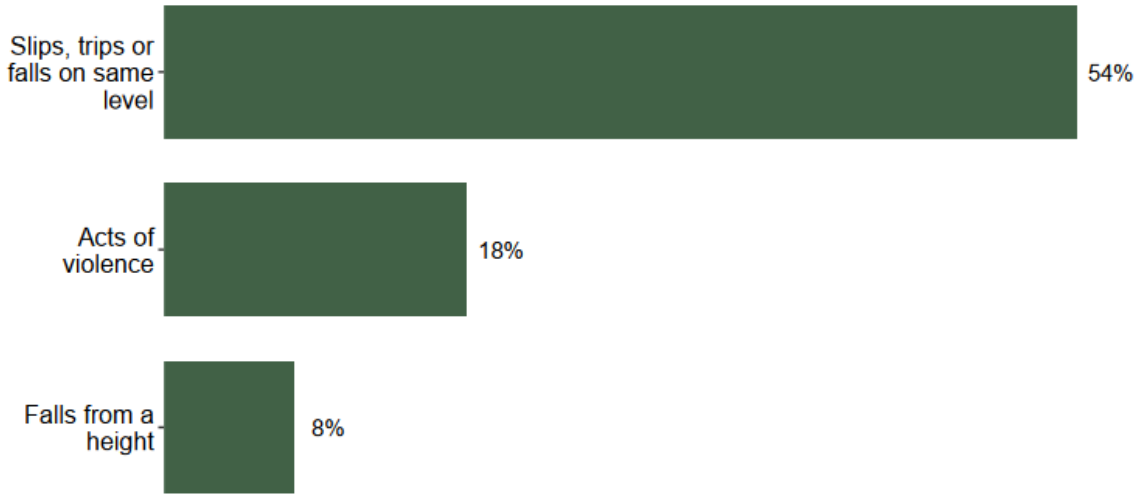
Source: LFS, average estimate from 2001/02-2003/04 to 2022/23-2024/25

Supporting information around work-related injuries is available from RIDDOR reporting[5]. In Human health and social work activities:

- There were 11,157 non-fatal injuries to employees reported by employers under RIDDOR in 2024/25p.
- 2,499 (22%) were specified injuries[6] and 8,658 (78%) were injuries resulting in the incapacitation of a worker for over seven days

Source: RIDDOR, 2024/25p

Percentage of non-fatal work-related specified injuries by accident kind in Human health and social work activities



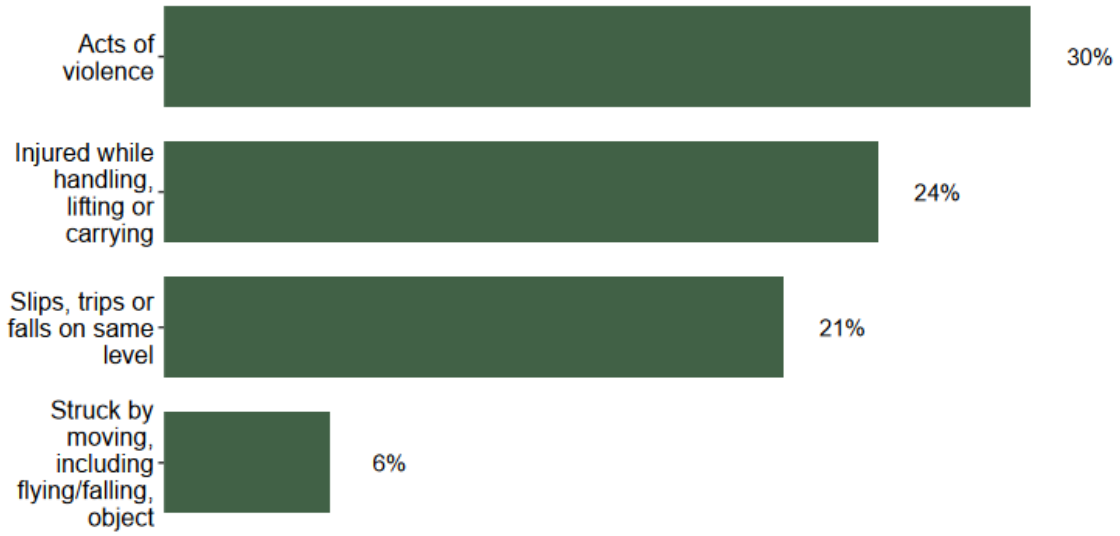
Source: RIDDOR, average over 2022/23-2024/25p

Accident kinds are shown that account for 5% or more of non-fatal injuries.

[5] The LFS gives the best indication of the scale of workplace injury within the sector. RIDDOR provides additional information for non-fatal injuries but needs to be interpreted with care since it is known that non-fatal injuries are substantially under-reported. Possible variations in reporting rates both between industries and over time make comparisons difficult. However, RIDDOR can be used for analysis at a detailed level not available through the LFS, for example, around the kind of incident.

[6] Specified injuries are a defined list of injuries. The full list is at www.hse.gov.uk/riddor/reportable-incidents.htm

Percentage of non-fatal work-related injuries resulting in incapacitation of a worker for over seven days by accident kind in Human health and social work activities



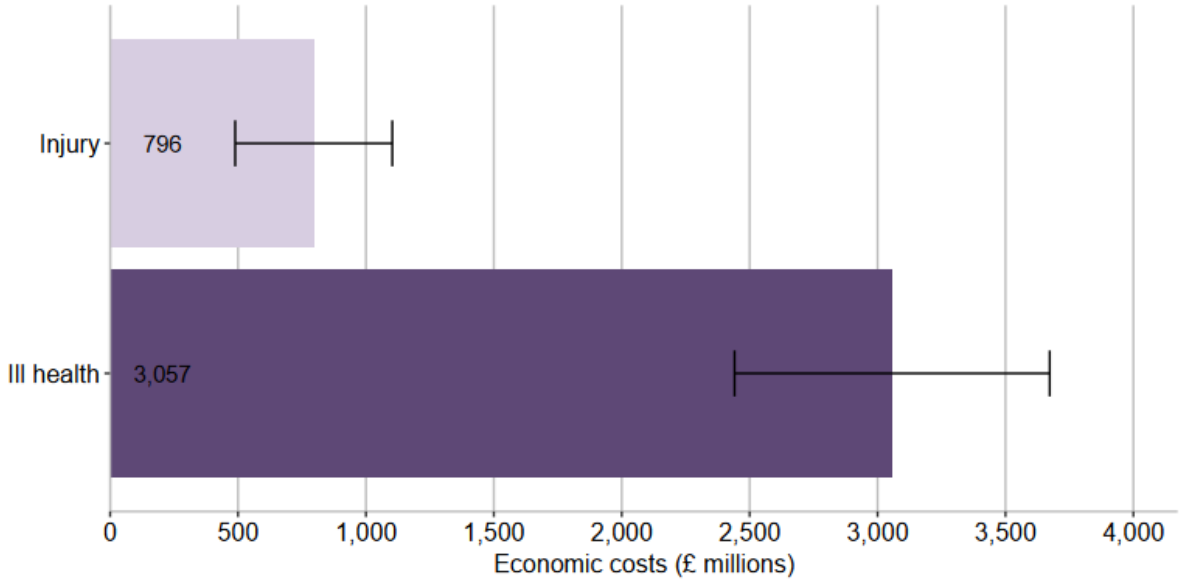
Source: RIDDOR, average over 2022/23-2024/25p

Accident kinds are shown that account for 5% or more of non-fatal injuries.

Economic Cost

- The total cost in 2023/24 is estimated at £3.9 billion, (95% confidence interval £3,160M - £4,546M)
- This accounts for 17% of the total cost of all work-related ill health and injury (£22.9 billion)

Economic costs from work-related ill health and workplace injury in Human health and social work activities, in £ millions (2024 prices)



Estimates based on LFS (self-reported work-related ill health and workplace non-fatal injuries) and RIDDOR (work-related fatal injuries). 95% confidence intervals are shown on the chart.

Source: HSE Costs to Britain, 2023/24

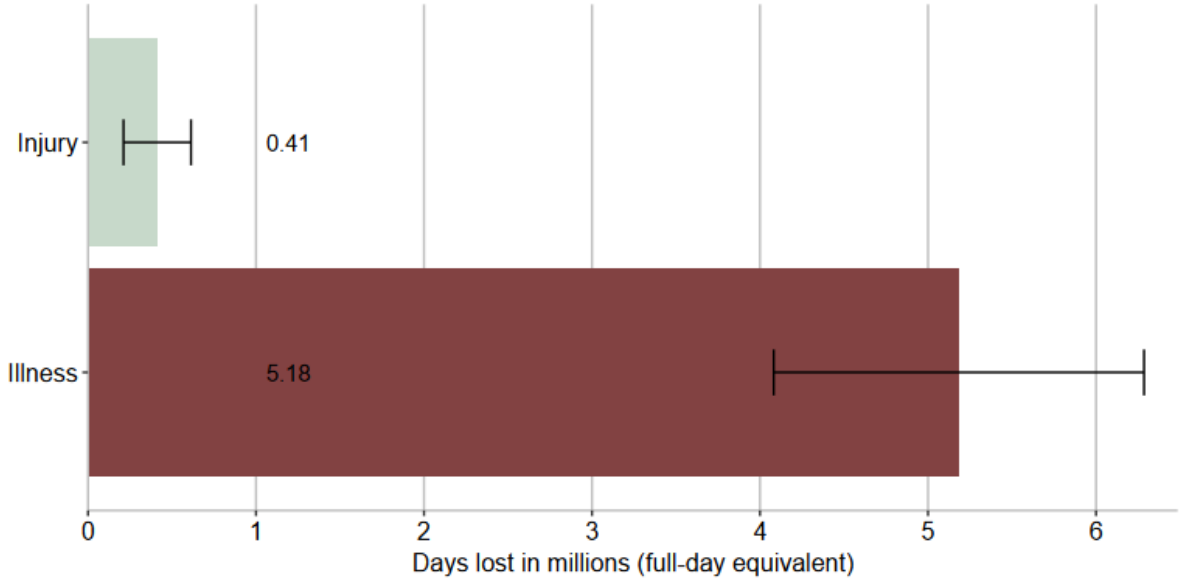
Workplace injury and ill health impose costs: both financial (for example in terms of lost output and healthcare costs) and non-financial (the monetary valuation of the human cost of injury and illness in terms of loss of quality of life and, for fatalities, loss of life). Taken together, this gives the total economic cost to society. This cost is shared between individuals, employers and government/taxpayers.

Working days lost

In Human health and social work activities around 5.6 million working days (full-day equivalent) were lost each year due to:

- Workplace injury (7%) and
- Work-related illness (93%)
- That is equivalent to around 1.5 working days lost per worker which is statistically significantly higher than the all industry level (1.1 days)

Working days lost from self-reported work-related ill health and workplace injury in Human health and social work activities, full-day equivalent



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Annex 1: Sources and definitions

The Labour Force Survey (LFS): The LFS is a national survey run by the Office for National Statistics of currently around 31,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

- Self-reported work-related illness: People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the last 12 months.

- Self-reported injuries: Workplace injuries sustained as a result of a non-road traffic accidents, as estimated by the LFS.

RIDDOR: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, under which fatal and defined non-fatal injuries to workers and members of the public are reported by employers. Certain types of work-related injury are not reportable under RIDDOR, hence excluded from these figures. Particular exclusions include fatalities and injuries to the armed forces and injuries from work-related road collisions.

HSE Costs to Britain Model: Developed to estimate the economic costs of injury and new cases of ill health arising from current working conditions. The economic cost estimate includes estimates of financial (or direct) costs incurred (either in terms of payments that have to be made or income/output that is lost) and the monetary valuation of the impact on quality and loss of life of affected workers.

Rate per 100,000: The number of annual workplace injuries or cases of work-related ill health per 100,000 employees or workers.

95% confidence interval: The range of values within which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population.

Statistical significance: A difference between two sample estimates is described as 'statistically significant' if there is a less than 5% chance that it is due o sampling error alone.

Notes:

Percentages presented on charts in this document use rounded data and so may not sum to 100% in all cases.

p is used in this document to indicate provisional figures due to be finalised in 2026

For more information, see www.hse.gov.uk/statistics/assets/docs/sources.pdf

Annex 2: Links to detailed tables

The data in this report can be found in the following tables:

Work-related illness

lfsillind: www.hse.gov.uk/Statistics/assets/docs/lfsillind.xlsx
THORS04: www.hse.gov.uk/Statistics/assets/docs/thors04.xlsx
THORS05: www.hse.gov.uk/Statistics/assets/docs/thors05.xlsx

Workplace injuries

lfsinjind: www.hse.gov.uk/Statistics/assets/docs/lfsinjind.xlsx
RIDIND: www.hse.gov.uk/Statistics/tables/assets/docs/ridind.xlsx
RIDFATAL: www.hse.gov.uk/Statistics/assets/docs/ridfatal.xlsx

Costs to Britain of workplace injury and illness

COST_tables: www.hse.gov.uk/Statistics/assets/docs/costs_tables.xlsx

Other tables can be found at: www.hse.gov.uk/Statistics/tables/index.htm

Accredited Official Statistics

This publication is part of HSE's suite of Accredited Official Statistics.

HSE's official statistics practice is regulated by the Office for Statistics Regulation (OSR). Accredited Official Statistics are a subset of official statistics that have been independently reviewed by the OSR and confirmed to comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics. Accredited official statistics were previously called National Statistics (and still referenced as such in Statistics and Registration Service Act 2007). See https://uksa.statisticsauthority.gov.uk/about-the-authority/uk-statistical-system/types-of-official-statistics/ for more details on the types of official statistics.

From 7 June 2024 the Accredited Official Statistics badge has replaced the previous National Statistics badge.

These statistics were last reviewed by OSR in 2013. It is Health and Safety Executive's responsibility to maintain compliance with the standards expected. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. Accredited Official Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored. Details of OSR reviews undertaken on these statistics, quality improvements, and other information noting revisions, interpretation, user consultation and use of these statistics is available from www.hse.gov.uk/statistics/about.htm.

You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

An account of how the figures are used for statistical purposes can be found at www.hse.gov.uk/statistics/sources.htm.

For information regarding the quality guidelines used for statistics within HSE see www.hse.gov.uk/statistics/about/quality-guidelines.htm.

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/.

Additional data tables can be found at www.hse.gov.uk/statistics/tables/.

Lead Statistician: Rebecca Simpson

Feedback on the content, relevance, accessibility and timeliness of these statistics and any non-media enquiries should be directed to:

Email: statsfeedback@hse.gov.uk

Journalists/media enquiries only: www.hse.gov.uk/contact/contact.htm